BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09768102

| CLAIMS AS FILED - PART I | | | | | | | SMALL ENTITY | | | | OTUED THAN | | |
|---|---------------------------|---------------------------------|-----------------------|-----------------------------|------------|--------------------|--------------|-----------------|------------------------|----------|----------------------------|------------------------|--|
| TOTAL CLAIMS | | | (Colur | (Column 1) | | (Column 2) | | TYPE | | | OTHER THA OR SMALL ENTI | | |
| | | | 12, | 2/ | | | | RATE | FEE | 7 | RATE | FEE | |
| FOR | | | NUMBE | NUMBER FILED | | NUMBER EXTRA | | SIC FEE | 355.00 | OR | BASIC FEI | 710.00 | |
| L | OTAL CHARGE | ABLE CLAIMS | 3/ m | 3/ minus 20= | | . 1/ | | X\$ 9= | 99 | OR | X\$18= | | |
| ┝ | DEPENDENT O | | 3 minus 3 = | | . — | | | ——— X40= | - '/- | 7 | Y00 | - | |
| М | JLTIPLE DEPE | NDENT CLAIM I | RESENT | | | | | | | OR | | | |
| * 11 | the difference | e in column 1 is | less than zero, enter | | "0" in d | "0" in column 2 | | 135= | | OR | +270= | | |
| | | CLAIMS AS | | | | 20.0 2 | Т | OTAL | L | OR | TOTAL | | |
| | | (Column 1) | | (Colun | | (Column a) | 9 | MALLE | ENTITY | 00 | OTHER | | |
| AMENDMENT A | | CLAIMS | | HIGH | | (Column 3) | | WALL | | OR | SMALL | ENIIIY | |
| | | REMAINING AFTER AMENDMENT | | PREVICE PAID I | USLY | PRESENT EXTRA | F | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | <u> </u> | Minus | ** | | = | × | \$ 9= | - | OR | X\$18= | | |
| | Independent | ENTATION OF M | Minus | *** | <u> </u> | = | × | 40= | | OR | X80= | | |
| _ | 1110111120 | LIVIATION OF IVI | OLTIPLE DE | PENDENI | CLAIM | | | 135= | | | . 270 | | |
| | | | | | | | | TOTAL | | OR | +270= | | |
| | | (Column 1) | | ' 0 . | | | | IT. FEE | | OR, | ADDIT. FEE | | |
| | | (Column 1) CLAIMS | | (Colum | | (Column 3) | | | | | | ٠. | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | * | NUMB PREVIO PAID F | ER USLY | PRESENT EXTRA | R | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL | |
| | Total | | Minus | .** | | = | X | § 9= | 1 6 6 | OR | X\$18= | FEE | |
| AME | Independent | • | Minus | *** | | = | - | 40= | | 1 t | | | |
| | FIRST PRESENTATION OF MUL | | JLTIPLE DE | LTIPLE DEPENDENT C | | IM | | | | OR | X80= | | |
| | | | | • | | | +1 | 35= | | OR | +270= | | |
| | | | | | | ė o | ADDI: | TOTAL T. FEE | | OR , | TOTAL DDIT. FEE | | |
| _ | | (Column 1) | | (Colum | n 2) | (Column 3) | | | | | DUN. FEE | - | |
| ပ | | CLAIMS REMAINING | | HIGHE | ST | | | | 4001 | | | | |
| NDMENT | | AFTER AMENDMENT | | NUMBE PREVIOL PAID FO | JSLY | PRESENT EXTRA | RA | | ADDI- IONAL | İ | RATE | ADDI- TIONAL | |
| | Total | • | Minus | ** | | _ | Ve | 9= | FEE | _ } | | FEE | |
| | Independent | • | Minus | *** | | = - | | -+ | | OR | X\$18= | | |
| _[| FIRST PRESE | NTATION OF MU | ILTIPLE DEI | PENDENT C | CLAIM | | X4 | 0= | | OR | X80= | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | +270= | | | | | |
| | nia Liidustiidil | nder Previousiv Pa | id For IN THE | S SDACE in L | | 00 | T | OTAL | | OR | TOTAL | | |
| ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." ADDIT. FEEADDIT. FEEADDIT. FEEADDIT. FEEADDIT. FEEADDIT. FEEADDIT. FEE | | | | | | | | | | | | | |
| | | | , | | ., | g. iest Hullingt t | Junu III I | ne appro | hugie pox | ın colur | nn 1. | } | |

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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 768 102

Total Fee Calculation

| | | . | | | | • | | |
|-------------------------|-----------------|-------------------|-----------------|-------------|--------------|------------|----------|-----|
| | Fee Code | Total # Claims | Number Extra | x | Fee | Fee | _ | To. |
| • | Sm./Lg. | | | | Sm. Entity | Lg. Entity | | |
| Basic Filing Fee | 201/101 | | • | | 355 | | *** | • |
| Total Claims >20 | 203/103 | 31 -20 | - 11 | x | 99 | • | = | |
| Independent Claims >3 | 202/102 | .3 = | | x | 1 | <u>:</u> | = | |
| Mult. Dep Claim Present | 204/104 | | | | | ; | = . | |
| Surcharge | 205/105 | | | | * | | . | |
| English Translation | 139 | | | | | | | |
| TOTAL FEE CALCULA | ATION | | • | | : | | | |
| Fees due upon filing to | he application: | | | | | • | | |
| Total Filing Fees Due | = \$ | | 454- | | | | | |
| Less Filing Fees Subm | nitted -\$ | | 145- | _ | | | | |
| BALANCE DUE | . = \$ <u> </u> | | 9 | - | | | | |

Office of Initial Patent Examination